Submit 3 Copies to Appropriate District Office

State of New Mexico

orm C-103 evised 1-1-89

DISTRICT I

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

CIST	For Re
W	

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO	אוטופועום אוכ	WELL API NO.
	2040 Pacheco St.	7505	30-015-26628
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 8	600	sIndicate Type of Lease
7,3,2,4,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0			STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6State Oil & Gas Lease No.
	ES AND REPORTS ON WEL		
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVE	OSALS TO DRILL OR TO DEEPEN OIR. USE "APPLICATION FOR PER		7Lease Name or Unit Agreement Name
(FORM C-10	01) FOR SUCH PROPOSALS.)		Haldeman
1Type of Well: OIL GAS			
WELL WELL W	OTHER		8Well No.
² Name of Operator Mewbourne Oil Company			1
3Address of Operator			Pool name or Wildcat
PO Box 5270, Hobbs, N.M. 88241 4Well Location			Kennedy Farms; Strawn Gas (96978)
Unit LetterE :1980F.	eet From The North	Line and 660	Feet From The West Line
			Technolin file
Section 14		Range 26E	NMPM Eddy County
	10Elevation (Show whether DF, 3324' GL	RKB, RT, GR, etc.)	
11 Check Ann	ropriate Box to Indicate Na	ature of Notice Por	port or Other Date
NOTICE OF INTI		ı	
NOTICE OF INTI		SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O	PNS. PLUG AND ANBANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEME	ENT JOB
OTHER:		OTHER: Additional Pe	enn Perforations
12Describe Proposed or Completed Operations (work) SEE RULE 1103.	Clearly state all pertinent details, and give	e pertinent dates, including es	timated date of starting any proposed
4-19-01MI rental equipment. POOF	-l w/ production equipment. Perfo	orate additional Penn ne	erforations @ 6713-6721'
8 ft. 4 spf. (32 holes). Acidiz	:e w/ 5200 gals 20% HCl. Swab i	back load. RIH w/ produ	uction equipment. Put back on line.
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100200	2,2,300		
	[6]		
- 1	SEVED 457 ARTESIA 697		
2 000	ARTESIA 6)		
6	60/		
Sto.	Norg		
"I gi t	18127		
I hereby certify that the information above is tru	e and complete to the best of my knowled	dge and belief.	
SIGNATURE 4M. My	тг	TLE District Manager	DATE 04-25-01
TYPE OR PRINT NAME N.M. Young			TELEPHONE NO. 505-393-5905
(This space for state use)	ginal signed by tim W.	8UM	
DO DIS	trict ii superviso r		MAY 0 4 2881
APPROVED BY	тг	TLE	DATE